



EVERY SMILE IS BEAUTIFUL

PRICE DENTAL

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We are pleased you have selected us to provide dental care for you and your family!
Whom may we thank for referring you to our office? _____

Patient Information

Today's Date _____
Patient Name _____
Phone (Home): _____ (Cell): _____ (Work): _____
Address: _____
Email Address: _____ Social Security: _____
Birth Date: _____ Sex: M F Parent's/Guardian's Name if minor: _____
Occupation: _____ Patient Employer/School: _____

Insurance Information

Insured's Name: _____ Insured's SS#: _____ Insured's DOB: _____
Insurance Company: _____ Phone #: _____
Insured's Employer: _____ No. Years Employed: _____
Is this the first time using the insurance for the above patient? Yes No

Dental History

Reason for today's visit: _____
Date of last dental visit: _____ What was done at the time? _____
Dentist Name: _____ City/State: _____
How often do you brush? _____ How often do you floss? _____

Medical History

Are you having pain or discomfort at this time? Yes No
If yes, please explain: _____
Do you have any medical conditions? Yes No
If yes, please explain: _____
Have you been hospitalized during the last two years? Yes No
If yes, please explain: _____
Are you taking any medications at this time? Yes No
If yes, please explain: _____
Are you allergic to any medication/anesthetics/latex? Yes No
If yes, please explain: _____
Have you ever had any complications following dental treatment? Yes No
If yes, please explain: _____